

Note: Applications must be submitted on this form; one-sided Xeroxes and facsimiles are not valid and will not be processed.

Application # _____

Date _____

Fees _____

Town of St. Michaels

APPLICATION FOR ZONING CERTIFICATE / BUILDING PERMIT

All Areas Italicized Must Be Completed By Applicant

OWNER (S) _____ **Mailing Address** _____
Daytime Telephone _____

APPLICANT _____ **Address** _____
Daytime Telephone _____

CONTRACTOR _____ **Address** _____
Daytime Telephone _____
MHIC# _____

Application is being made for the following purpose(s):

New Construction _____ **Demolition** _____ **Sign** _____
Addition _____ **Fence** _____ **Patio** _____
Porch _____ **Deck** _____ **Other** _____

Description of Work _____

Address of Property _____ **Cost of Construction** \$ _____

Tax Map No. _____ **Parcel #** _____

Zoning Classification _____ **Land Area** _____

Land Use: Residential _____ **Commercial** _____ **Other** _____ **No. of Stories** _____ **Height** _____

Required Setbacks	Proposed Setbacks	Comments
Front _____	Front _____	_____
Rear _____	Rear _____	_____
Side _____	Side _____	_____
Mean High Water _____	Mean High Water _____	_____

Lot Type _____ **Lot Dimensions – Front** _____ **Side** _____ **Lot Area** _____

Flood Zone Designation _____ **Critical Areas Designation** _____

Required Parking Spaces _____ **Parking Spaces Provided: On Site** _____ **EPS** _____

Grandfathered _____ **EPS Spaces Purchased With This Application** _____

AGREEMENT TO APPLICATION AND CONDITIONS

The applicant hereby agrees to comply with all regulations applicable to the permit requested, and further agrees that any misstatement or misrepresentation of facts, or any change without the approval of the agencies concern, shall constitute sufficient grounds for denial or revocation of a permit. Any proposed change to an approved application must be submitted to the proper officials and/or Boards and Commissions for review and approval. Notice is given that as a condition of this permit, the applicant/owner grants permission to Town officials or their designees to have the right to enter the property for the purpose of inspecting the permitted work and posted notices. **An Occupancy Permit may be required prior to the use of the structure for which a permit has been issued.**

Date _____ Signature of Owner _____

INSPECTIONS	Required	Approved		Required	Approved
Plan Review	_____	_____	Insulation	_____	_____
Location & Setbacks	_____	_____	Plumbing	_____	_____
Footing	_____	_____	Electrical	_____	_____
Foundation	_____	_____	Final	_____	_____
Framing	_____	_____	Sprinkler System	_____	_____

OTHER APPROVALS

Historic Dist Comm.	_____	_____	Water Connection	_____	_____
Board of Appeals	_____	_____	Sewer Connection	_____	_____
Planning Commission	_____	_____	Floodplain	_____	_____
CA 10% Rule	_____	_____	Sediment/Erosion	_____	_____
Fire Marshal	_____	_____	Impact Fee	_____	_____

ZONING CERTIFICATE/BUILDING PERMIT

This application # _____ having been made for a Zoning Certificate/Building Permit and the proposed action, structure, and/or use being in conformity Chapter 340 of the Code of the Town of St. Michaels, MD, I hereby issue this **ZONING CERTIFICATE/BUILDING PERMIT**, subject to the International Building Code, all required inspections and approvals, and the following condition:

This zoning certificate/building permit expires in 12 months from its date of issuance if the work for which it is issued has not begun, or in 24 months from its date of issuance if the work for which it is issued is not proceeding satisfactory towards completion, or upon the issuance of an occupancy permit.

Date _____ Zoning Inspector _____

OCCUPANCY PERMIT

Inspection of the completed work described on the permit having been made on the above dates, an **Occupancy Permit** is hereby authorized on the basis of use, arrangement, and construction. Use, arrangement, and construction differing from the authorized shall be deemed a violation of Chapter 340 of the Code of St. Michaels, MD, and shall be punishable as provided by Article XIV Code.

Date: _____ Zoning Inspector _____